



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
 Masanori KIMURA  
 Serial No: 10/030,867  
 Filed: April 29, 2002  
 For: METHOD FOR GROWING SEMICONDUCTOR  
 SINGLE CRYSTAL

Art Unit: 1765  
 Examiner: M.A. Anderson

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450, on  
 September 11, 2003

Date of Deposit  
 Anthony J. Oler, Reg. No. 41,232

Signature: *[Signature]* 09/11/03  
 Date

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

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SEP 22 2003

TC 1700

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.  
☐ A certified copy of \_\_ Patent Application No. \_\_ filed \_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.  
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	5	-20	20	**	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	2	-3	3	***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**  
☐ A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**  
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON, L.L.P.

By: *[Signature]*  
 Anthony J. Oler  
 Registration No. 41,232  
 Attorney for Applicant(s)

Date: September 11, 2003

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